



DAVIS & TOWLE AGENCY

Tel: 603-753-6328

378 Village Street, Penacook, New Hampshire 03303

Fax: 603-753-8151

OFFERING PAYROLL DEDUCTED PRODUCTS TO STATE EMPLOYEES SINCE 1938

1. **GROUP LIFE INSURANCE:** STATE SPONSORED AND PARTIALLY PAID FOR BY THE STATE AS A BENEFIT TO YOU (PLANS 1-6 BASIC)
 - A. TERM INSURANCE (PLANS 7 & 8)
 - B. INTEREST – SENSATIVE WHOLE LIFE (PLAN 9)
2. **DISABILITY INSURANCE:** TAX-FREE BENEFIT! EMPLOYEE AND OR SPOUSE PROVIDES A MONTHLY BENEFIT IF DISABILITY RESULTS FROM ACCIDENT, SICKNESS, CANCER, OR MENTAL ILLNESS.
3. **LONG TERM CARE:** PROVIDES A MONTHLY AMOUNT WHETHER YOU ARE CONFINED TO A NURSING HOME OR YOU ARE CARED FOR AT HOME.
4. **HOME & AUTO INSURANCE:** PAY FOR YOUR HOME AND AUTO POLICIES WITH 26 BI-WEEKLY DEDUCTIONS.
5. **CRITICAL ILLNESS:** PAYS A LUMP SUM BENEFIT FOR HEART ATTACK, STROKE, MAJOR ORGAN TRANSPLANT, PERMANENT PARALYSIS, END-STAGE KIDNEY FAILURE, CANCER, HEALTH SCREENING.

**FOR MORE INFORMATION, CONTACT EITHER:
SHARON, RITA, CHIP, ADRIA OR BOB 1-800-822-1600**



CONCORD HERITAGE LIFE

DAVIS & TOWLE AGENCY

INSURANCE COMPANY, INC.
CONCORD, NEW HAMPSHIRE

ADMINISTRATOR 753-6328
PENACOOK, NH 1-800-822-1600

STATE OF NEW HAMPSHIRE EMPLOYEES APPLICATION FOR LIFE INSURANCE

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--------------------------|---|--------|--|--|---|--|----------------------|--|------|--------|----------|--------|--|--|------------------------------------|--------------------------|----------|-------|------------------------------------|--------------------------|--------|-------|------------------------------------|--------------------------|-------|-------|-------------------------------------|--------------------------|----------------------------------|--|--|--|---------------------------------|--|--|--|---------------------------------|--|
| 1. <input type="checkbox"/> New Enrollment <input type="checkbox"/> Change of Beneficiary <input type="checkbox"/> Change of Name <input type="checkbox"/> Change of Amount or Plan | | 3. BASIC PLANS SELECT ONE OF THE BASIC Plans <input type="checkbox"/> PLAN 1 <input type="checkbox"/> PLAN 3 <input type="checkbox"/> PLAN 5 <input type="checkbox"/> PLAN 2 <input type="checkbox"/> PLAN 4 <input type="checkbox"/> PLAN 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. EMPLOYEE Last Name _____ First _____ Middle Initial _____ Address _____ City _____ State _____ Zip _____ Hm. Phone _____ <input type="checkbox"/> Male <input type="checkbox"/> Female Bus. Phone/Ext. _____ Ht. _____ Wt. _____ lbs. Age _____ Birthdate _____ Employee #/SS# _____ | | 4. Employee's Beneficiary Full Name _____ Relationship _____ Age _____ Primary: _____ Contingent: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. ADDITIONAL PLANS AVAILABLE ONLY IF BASIC PLAN (1-6) SELECTED. A. PLAN 7. B. PLAN 8. Answer 9-10. C. PLAN 9. Employee-answer 6,9,10 Spouse or child-answer 6-10. | | <table border="1" style="width:100%"><tr><td colspan="2">PLAN 7 - SPOUSE Life Only <input type="checkbox"/> \$10,000</td><td colspan="2">PLAN 9 PERMANENT (Completed by Licensed Agent Only)</td></tr><tr><td colspan="2">PLAN 8 - TERM</td><td>PLAN</td><td>AMOUNT</td></tr><tr><td>EMPLOYEE</td><td>SPOUSE</td><td></td><td></td></tr><tr><td><input type="checkbox"/> \$ 25,000</td><td><input type="checkbox"/></td><td>Employee</td><td>_____</td></tr><tr><td><input type="checkbox"/> \$ 50,000</td><td><input type="checkbox"/></td><td>Spouse</td><td>_____</td></tr><tr><td><input type="checkbox"/> \$ 75,000</td><td><input type="checkbox"/></td><td>Child</td><td>_____</td></tr><tr><td><input type="checkbox"/> \$ 100,000</td><td><input type="checkbox"/></td><td colspan="2">No Waiver of Premium over Age 55</td></tr><tr><td colspan="2"></td><td colspan="2">No Accidental Death over Age 65</td></tr><tr><td colspan="2"></td><td colspan="2">Automatic Premium Loan Included</td></tr></table> | | PLAN 7 - SPOUSE Life Only <input type="checkbox"/> \$10,000 | | PLAN 9 PERMANENT (Completed by Licensed Agent Only) | | PLAN 8 - TERM | | PLAN | AMOUNT | EMPLOYEE | SPOUSE | | | <input type="checkbox"/> \$ 25,000 | <input type="checkbox"/> | Employee | _____ | <input type="checkbox"/> \$ 50,000 | <input type="checkbox"/> | Spouse | _____ | <input type="checkbox"/> \$ 75,000 | <input type="checkbox"/> | Child | _____ | <input type="checkbox"/> \$ 100,000 | <input type="checkbox"/> | No Waiver of Premium over Age 55 | | | | No Accidental Death over Age 65 | | | | Automatic Premium Loan Included | |
| PLAN 7 - SPOUSE Life Only <input type="checkbox"/> \$10,000 | | PLAN 9 PERMANENT (Completed by Licensed Agent Only) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PLAN 8 - TERM | | PLAN | AMOUNT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| EMPLOYEE | SPOUSE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> \$ 25,000 | <input type="checkbox"/> | Employee | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> \$ 50,000 | <input type="checkbox"/> | Spouse | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> \$ 75,000 | <input type="checkbox"/> | Child | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> \$ 100,000 | <input type="checkbox"/> | No Waiver of Premium over Age 55 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | No Accidental Death over Age 65 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Automatic Premium Loan Included | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. SPOUSE OR CHILD Last Name _____ First _____ Middle Initial _____ <input type="checkbox"/> Male <input type="checkbox"/> Female Occupation _____ Ht. _____ Wt. _____ lbs. Age _____ Birthdate _____ | | 6. PLAN 9 ONLY. Is the insurance applied for to replace or change insurance in this, or any other company? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes" give details — company name, policy number, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9. HAS THE PROPOSED INSURED named in Question 2 or 7 been treated for or had any known indication of high blood pressure, heart, lung or kidney trouble, cancer, diabetes, alcohol or drug abuse, mental disorder, chest pain, stroke, any tumor, or any immune deficiency disease in the past five years? <input type="checkbox"/> YES <input type="checkbox"/> NO | | 8. SPOUSE'S OR CHILD'S BENEFICIARY (Plan 8 and/or 9) Full Name _____ Relationship _____ Age _____ Primary: _____ Contingent: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. HAS THE PROPOSED INSURED named in Question 2 or 7 been disabled, hospitalized, had surgery or been treated by a physician for anything other than routine examinations in the past five years? <input type="checkbox"/> YES <input type="checkbox"/> NO | | Details of "YES" answers to 6, 9 and 10. Include diagnosis, dates, names and addresses of all attending physicians. IDENTIFY PROPOSED INSURED. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HOME OFFICE CORRECTIONS or ADDITIONS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

I have read the answers to the above questions and hereby represent each and all of them to be true and complete to the best of my knowledge and belief. I also authorize the required deduction from my pay to be remitted to the DAVIS & TOWLE AGENCY.

Acceptance of any life insurance policy issued on this application will constitute a ratification of any corrections or additions to the application noted by the Company in the space above headed "Home Office Corrections or Additions," and a photostatic copy of the amended application attached to the policy will be sufficient notice of such corrections or additions, except that, in any state where written consent is required by statute or insurance department regulation, corrections or additions as to the plan, the amount of insurance, age at issue, the amount of the premium, classification of risk or any benefits will be made only with the written consent of the proposed owner.

I authorize any physician, hospital or clinic to give to Concord Heritage Life Ins. Co., Inc. any medical information regarding me or my spouse. A photographic copy of this authorization shall be as valid as the original.

Signed at _____ Date _____

Signature of Employee/Applicant
(and Owner of the Policy)

Signature of Licensed Agent (Plan 9 Only)
TO BE COMPLETED BY EMPLOYER

| Date of Hire | First Payroll Deduction Date | Amount of Initial Contribution | Control No. | Payroll ID # |
|--------------|------------------------------|--------------------------------|-------------|--------------|
| | | | | |

I have been given an opportunity to participate in the Group Life Plan offered to employees of the State of New Hampshire as provided by the State Employees Group Insurance Act and I **DO NOT** wish to participate.

Date _____ Signature of Employee _____

PLAN DESCRIPTIONS

BASIC PLANS

| PLAN 1 | PLAN 2 | PLAN 3 | PLAN 4 | PLAN 5 | PLAN 6 |
|----------------|----------------|----------------|----------------|------------------|-----------------|
| Employee | Employee | Employee | Employee | Employee | Employee |
| \$10,000 Life | \$10,000 Life | \$15,000 Life | \$15,000 Life | \$10,000 Life | \$15,000 Life |
| Cost—\$.21/wk. | \$10,000 AD&D* | \$2,000 ADB | \$15,000 AD&D | \$10,000 AD&D | \$15,000 AD&D |
| | \$2,000 ADB** | Cost—\$.69/wk. | \$2,000 ADB | \$2,000 ADB | \$2,000 ADB |
| | Cost—\$.43/wk. | | Cost—\$.86/wk. | \$3,000 Child*** | \$3,000 Child |
| | | | | Cost—\$.65/wk. | Cost—\$1.08/wk. |

* AD&D—Accidental Death & Dismemberment
 ** ADB—Accelerated Death Benefit (Employee Only)
 *** Child—2 weeks to 19 years—23 if still a student

ADDITIONAL PLANS

Available only if Plan(s) 1—6 was selected

| PLAN 7—SPOUSE | | PLAN 8—EMPLOYEE AND/OR SPOUSE | | | | |
|----------------------|---------------|-------------------------------|---------------|---------------|---------------|----------------|
| if employee's age is | \$10,000 Life | if age is | \$25,000 Life | \$50,000 Life | \$75,000 Life | \$100,000 Life |
| | | | 25,000 AD&D | 50,000 AD&D | 75,000 AD&D | 100,000 AD&D |
| less than 30 | \$.45/wk. | less than 30 | .81/wk. | 1.61/wk. | 2.41/wk. | 3.22/wk. |
| 30—34 | .64 | 30—34 | .85 | 1.70 | 2.56 | 3.41 |
| 35—39 | .91 | 35—39 | 1.12 | 2.24 | 3.36 | 4.48 |
| 40—44 | 1.50 | 40—44 | 1.66 | 3.31 | 4.97 | 6.63 |
| 45—49 | 1.93 | 45—49 | 2.45 | 4.91 | 7.37 | 9.81 |
| 50—54 | 2.82 | 50—54 | 4.06 | 8.11 | 12.18 | 16.22 |
| 55—59 | 4.82 | 55—59 | 7.02 | 14.00 | 20.99 | 28.00 |
| 60—64 | 5.91 | 60—64 | 8.33 | 16.67 | 25.00 | 33.33 |
| 65—69 | 9.09 | 65—69 | 12.34 | 24.69 | 37.03 | 49.37 |

Premium deductions will be increased automatically in accordance with the above schedule. *PLAN 8* is subject to underwriting requirements and is effective only after approval by Concord Heritage Life Insurance Company.

PLAN 9 PERMANENT

PRESENTED BY LICENSED AGENT ONLY

For Employee, Spouse, and Children

Life, Accidental Death, Waiver of Premium, Living Protection

Plus Subject to underwriting requirements and is effective only after approval by Concord Heritage Life Insurance Company.

Rates calculated on an individual basis.

AGENT'S QUESTION: Is the insurance applied for to replace or change insurance in this or any other company? ☐ YES ☐ NO

If "yes," give details — company name, policy number, etc.

Signature of Licensed Agent (Plan 9 Only)

Date

AUTHORIZATION FOR MEDICAL INFORMATION - I hereby authorize any licensed physician, medical practitioner, hospital, clinic, other medical or medically related facility, insurance company, the Medical Information Bureau, or other organization, institution, or other person that has any records of me or my health, to give to UNUM LIFE INSURANCE COMPANY OF AMERICA, its legal representatives or its reinsurers, any information regarding my medical or mental condition or history. Information obtained by use of the authorization will be used to determine eligibility for insurance or for benefits under an existing policy. A copy of this authorization shall be as valid as the original.

A copy of the Disclosure Notice has been received and read.

I understand that this application is subject to acceptance by UNUM LIFE INSURANCE COMPANY OF AMERICA and the insurance hereby applied for will not be effective unless I am regularly attending all of the usual duties of my occupation on the effective date of the coverage.

I declare the statements made above are full, complete and true to the best of my knowledge and belief and shall be the basis of the coverage applied for.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Applicant's Signature (x) _____ Date _____

Agent's Signature (x) _____ Date _____

Monthly Benefit \$ _____ Plan 2-2 Waiting Period for Accident & Sickness Benefits
Principal Sum \$ 10,000 (AD&D) Plan 5-5 ☐ 0/7 Days ☐ 30 Days
\$ _____ (optional amount)
\$ _____ (Total AD&D) Premium Payable: _____

Optional Benefit Riders: Check if Desired
☐ Hospital Indemnity (Daily Benefit \$ _____)
☐ Other _____

| For Company Use: | Coverage Summary Section | |
|--------------------------|--------------------------------------|-------------------------|
| Policy No. <u>GRT</u> | Effective Date _____ | Renewal Premium at Age: |
| Initial Premium \$ _____ | | |
| Maximum Benefit Period | | Under 30 \$ |
| Accident _____ | First Renewal Premium Due Date _____ | 30-39 |
| Sickness _____ | First Renewal Premium \$ _____ | 40-49 |
| | Billing Mode _____ Annual | 50-54 |
| | _____ Semi-Annual | 55-69 |
| | _____ Bi-Weekly | |

PLEASE RETURN THIS COMPLETED APPLICATION TO THE ADMINISTRATOR:

Davis & Towle
4 North Main Street
Penacook, NH 03303
Phone: (603) 753-6328